

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/615,480 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

7-8-03		CLAIMS									
BEFORE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.	1										
TOTAL DEP.	10										
TOTAL CLAIMS	11										
51											
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100											
TOTAL REQ.											
TOTAL DEP.											
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS